



New Jersey Department of Environmental Protection
Site Remediation and Waste Management Program
**REMEDIAL ACTION PERMIT TRANSFER / CHANGE
OF PROPERTY OWNERSHIP APPLICATION**
(Also use this form to update Contact Information)

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: _____

List All AKAs: _____

Street Address: _____

Municipality: _____ (Township Borough or City)

County: _____ Zip Code: _____

Program Interest (PI) Number(s): _____

Remedial Action Permit Number(s): _____

Municipal Block(s) and Lot(s) of the entire site: _____

Is this site a Federal case?..... ☐ Yes ☐ No

If "Yes," indicate the Federal Case Type:

☐ RCRA GPRA 2020 ☐ CERCLA/NPL ☐ USDOD ☐ USDOE

☐ Other (explain): _____

SECTION B. PERMIT TRANSFER FEES

<u>Select One</u>	<u>Fee</u>
<input type="checkbox"/> Ownership Change – Soil RAP	\$415.00
<input type="checkbox"/> Ownership Change – Soil RAP with a Change in Primary Responsibility for Permit Compliance.....	\$625.00
<input type="checkbox"/> Ownership Change – Ground Water RAP, MNA.....	\$415.00
<input type="checkbox"/> Ownership Change – Ground Water RAP, MNA with a Change in Primary Responsibility for Permit Compliance.....	\$940.00
<input type="checkbox"/> Ownership Change – Ground Water RAP, Active System.....	\$470.00
<input type="checkbox"/> Ownership Change – Ground Water RAP, Active System with a Change in Primary Responsibility for Permit Compliance.....	\$1,250.00
<input type="checkbox"/> Update Permittee / Co-Permittee Contact Information only	NO FEE

Provide the name of the Permittee / Co-Permittee whose contact information is changing:

Permittee / Co-Permittee: _____

Check all that apply

- ☐ New Fee Billing Contact: *Provide new information in Section C below.*
- ☐ New Contact Information:

Name of Contact: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ FAX: _____

Note: To make changes in address or Name of Organization / Affiliation you must submit a Remedial Action Permit Application available at <http://www.nj.gov/dep/srp/srra/forms> to modify the permit.

SECTION C. FEE BILLING CONTACT PERSON

Name of Organization / Affiliation: _____

First Name of Contact: _____ Last Name of Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ FAX: _____

SECTION D. FORMER PROPERTY OWNER – CURRENT PERMITTEE

Name of Organization / Affiliation: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

Did the former owner have Primary Responsibility for Permit Compliance? ☐ Yes ☐ No

Have all outstanding Remedial Action Permit fees been paid? ☐ Yes ☐ No

SECTION E. NEW PROPERTY OWNER – PROSPECTIVE PERMITTEE

Name of Organization / Affiliation: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

Will the new property owner be the person with Primary Responsibility for Permit Compliance? ☐ Yes ☐ No

What is the date of the sale or transfer of the property? _____

SECTION F. FINANCIAL ASSURANCE (to be completed for the new property owner)

1. Does the Remedial Action include an engineering control? ☐ Yes ☐ No
If "No," proceed to the next section.
2. Are there any changes in Financial Assurance as a result of this transfer? ☐ Yes ☐ No
3. Is the entity identified in Section E exempt from establishing Financial Assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ☐ Yes ☐ No
If "Yes," check the exemption(s) that applies:
 - ☐ Government entity
 - ☐ A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
 - ☐ A person that conducted remediation at their primary or secondary residence
 - ☐ Owner or operator of a child care center
 - ☐ Public school or private school
 - ☐ Owner or operator of a small business responsible for conducting remediation at the location of the business

If the entity identified in Section E is exempt, proceed to the next section.

4. Is the current owner of the site either a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? ☐ Yes ☐ No

If "Yes," and the association is identified in Section E of this Permit Application, attach a copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site.

5. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: \$ _____
6. Identify the full amount established as a Financial Assurance: \$ _____

Attach a completed Remediation Cost Review and RFS/FA Form if there are any changes to Financial Assurance.

7. What is the Financial Assurance Mechanism? (check all that apply)

☐ Remediation Trust Fund ☐ Line of Credit ☐ Loan or Grant
☐ Environmental Insurance Policy ☐ Letter of Credit

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: _____

First Name of Contact: _____

Last Name of Contact: _____

Mailing Address: _____

City/Town: _____

State: _____

Zip Code: _____

Email Address: _____

Phone Number: _____

Ext: _____

Fax: _____

9. Attach the original Financial Assurance mechanism if there are any changes to Financial Assurance.

SECTION G. LAND USE

1. **Current Site Land Use** (check all that apply)

☐ Industrial ☐ Park or Recreational Use ☐ Child Care Facility
☐ Residential ☐ Agricultural ☐ Hospital
☐ Commercial ☐ Road/Right of Way ☐ Vacant
☐ Governmental Facility ☐ School ☐ Other _____

2. **Off-site Land Use** (check all that apply for Blocks/Lots included in the areal extent of the CEA)

☐ Industrial ☐ Park or Recreational Use ☐ Child Care Facility
☐ Residential ☐ Agricultural ☐ Hospital
☐ Commercial ☐ Road/Right of Way ☐ Vacant
☐ Governmental Facility ☐ School ☐ Other _____

SECTION H. OTHER REMEDIAL ACTION PERMITS

Are other Remedial Action Permits also being applied for or already obtained?..... ☐ Yes ☐ No

If "Yes," please list the Permit Type, Permit Number, and Effective Date for each Remedial Action Permit obtained or the type of Remedial Action Permit(s) being applied for.

SECTION I. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: _____

Name/Title: _____

SECTION J. FORMER OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person who owned the site: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person who formerly owned the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I have provided a copy of the Remedial Action Permit and have made the new owner aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: _____

Name/Title: _____

SECTION K. NEW OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person who owns the site: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person who owns the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I have received a copy of the Remedial Action Permit and have been made aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: _____

Name/Title: _____

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation and Waste Management Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

ADDENDUM

Additional Persons Responsible For Conducting the Remediation and Property Owners

ADDENDUM TO SECTION E. NEW PROPERTY OWNER – PROSPECTIVE CO/PERMITTEE

Affiliation/Name of Organization: _____

First Name of Contact: _____ Last Name of Contact: _____

Phone Number: _____ Ext: _____ Fax: _____

Title: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

☐ Primary Responsibility for Permit Compliance

1. Does the Remedial Action Permit include an engineering control? ☐ Yes ☐ No

If "No," proceed to the next section.

2. Are there any changes in financial assurance as a result of this transfer? ☐ Yes ☐ No

3. Is the entity identified in Addendum to Section E above exempt from establishing Financial Assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ☐ Yes ☐ No

If "Yes," check the exemption(s) that applies, then proceed to the next section:

☐ Government entity

☐ A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009

☐ A person that conducted remediation at their primary or secondary residence

☐ Owner or operator of a child care center

☐ Public school or private school

☐ Owner or operator of a small business responsible for conducting remediation at the location of the business

4. Do you represent a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? ☐ Yes ☐ No

If "Yes," attach a copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site.

5. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: \$ _____

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7. What is the Financial Assurance Mechanism? (check all that apply)

☐ Remediation Trust Fund

☐ Line of Credit

☐ Loan or Grant

☐ Environmental Insurance Policy

☐ Letter of Credit

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: _____

First Name of Contact: _____ Last Name of Contact: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Ext: _____ Fax: _____

9. Attach the original Financial Assurance mechanism if there are any changes to Financial Assurance.

ADDENDUM

ADDENDUM TO SECTION I. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: _____

Name/Title: _____

ADDENDUM

ADDENDUM TO SECTION K. NEW OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person who owns the site: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person who owns the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I have received a copy of the Remedial Action Permit and have been made aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: _____

Name/Title: _____